PHYSICIANS should state

stated EXACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

DEATH in plain terms, so that it may be

mation should be carefully supplied.

CAUSE OF

-WRITE PL.

V. S. No. 1

RD. Every item of infor-

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	10	40	
1	1	U	U	4

1	. PLACE County	OF DEA				97)	Registration Dist. No.	166
	Village D			- William		NoNoNoNo	, give its NAME instead o	St.,Ware
2				son Arno		Mzirylanward.		
_				(Usual place	of abode)		If nonresident give city	
				ICAL PART			TIFICATE OF D	EATH
-	emale		or or race	or Divorci	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	tober, 26	1935 ₁₉₃
5a.	If married, wid HUSBAND o (or) WIFE of	f	d Arnol	d			CERTIFY, That	I attended deceased from
6. 1	DATE OF BIRT	'H (month, da	y, and year) III	ay, 28,	1852	I last sew h.e.r. alive onQC		
		Years	Months	Days	If LESS than	to have occurred on the date stated a	bove, at 8: P.m.	
		82	4	28	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH a	and related couses of impo	Date of onset
OCCUPATION	8. Trede, profession, or particuler kind of work done, as SPINNER, Housewife SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.)	Arterial Sclero Gangreen Left leg & righ		
000		eesed last wo	rked at onth and	Spi	time (years) ent in this upation	Other Contributory Causes of imports		
12.	BIRTHPLACE (State or o		Underw	ood, Ma	ryland	Other Contributory Causes of Importa	ice:	
ER	13. NAME	Willia	am Ashb	У				
FATHER		ACE (city or t	own) Unde	rVood No	1	Name of operation What test confirmed diagnosis?		
ER	15. MAIDEN	NAME Jar	ne DeWi	tt		23. If death was due to external couses		
MOTHER		ACE (city or t	own) Pres	ton, W.V	7A •	Accident, sulcide, or homicide?	Date of in	jury, 19
17.	INFORMANT_ (Address)		Graham Land, M	d.		Specify whether injury occurred in IN	(Specify city or town, cou IDUSTRY, In HOME, or in	PUBLIC PLACE,
18.	BURIAL, CREM			Date 10-2	29- ,1935	Manner of injury		
19.	UNDERTAKER (Address)		Fike	W.VA.		24. Was disease or injury in any way If so, specify	related to occupation of d	eceased?
2D.	FILED OC	t, 28	135 Ju	lia Ro	Waw Registrar.	(Signed) (Address)	rander	of mad.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 9 1935	July 5, 1927	Peritonitis	3 days ago
BUREAU Y. S.		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

(Address)

should state of OCCUPA.

	MARYLAND-	CERTIFICATE	OF DEA	TH	11068
1. PLACE OF DEATH		66-2		17	1
County	for mul		Registration	Dist. No.	/
Village or City		NoNo	tion, give its NAM	E instead of street and	ward
Length of residence in city or town where deeth		ds. How long in U.S. if o			
2. FULL NAME TITLE &	egalung 12r	emenan_			
(a) Residence; No.		St., Ward.			
	(Usual place of abode)		If nonresident	give city or town an	d State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
France White	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Och (Month)	2.7 (Day)	, 193 35 (Year)
5a. If marriad, widowed, or divorced HUSBAND of		22. I HEREBY	CERTIF	Y. Thet I ettended	deceesed from
(or) WIFE of			. 19 to		19
6. DATE OF BIRTH (month, day, and yeer)	14 1922	I last saw h alive on	Dex 19	193	: deeth Is seid
7. AGE Years Months	Oeys If LESS than	to heva occurred on the date state	ed ebove, et 2.0	P _m .	
13 0	l dey,hrs.	The PRINCIPAL CAUSE OF DEAT			
8. Trada profession or perticular	ormin.	wera es follows:	0 +0	OLLER	Oate of onset
8. Trada, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	dean	Verga Monor	The same	Timb :	1
9. Industry or business in which		Banign turned of	thyroid 9	land	2.22.98.98./
work was dona, es SILK MILL, SAW MILL, BANK, etc.	1	moreene	Tragen	- (26)	
10. Deta deceesed lest worked et this occupetion (month end yeer)	11. Totel time (years) spent in this occupetion	In salah s	Lee Ken	Auga 3 d	us to vick
Pin		Other Contributory Causes of impo		-	01-
12. BIRTHPLACE (city or town) (State or country)	Carel	The state of the s		a, severa res	R. 14., 9
13 NAME Golden A		- Vitarin D., deficies	17 1/ "	eformities to	gara at
E B	0 0	Seven years of	BgQ.		
(State or country)	0	Neme of oparation		Oete of	71
	Biernance	What test confirmed diegnosis? 23. If death was due to externel cer			
E	1	Accident, suicide, or homicide?			
O 16. BIRTHPLACE (city or town)	man same	Where did injury occur?	***	vere or injury	, 19
17. INFORMANT BROWN TO F	Brauman	Specify whether injury occurred in	(Specify city or n INOUSTRY, in HO	town, county and St	nte) LACE.
(Address)					
18. BURIAL, CREMATION, OR REMOVAL	000 00 3.	Manner of Injury			
Plece Page 1	Dete 7 29 , 192 2	Neture of Injury			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed).

(Address)

24. Was diseese or Injury In eny way ralated to occupetion of deceesed?

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN

7		

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PHYSICIANS

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?______yrs._____mos._____ds. statement 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of Thet I attanded deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, dey, end year) properly 7. AGE Months Deys If LESS than to heve occurred on the date stated above, at 6, 50 C.m. 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importence or____min. were es follows: Date of onset 8. Trade, profession, or particuler OCCUPATION kind of work done, es SPINNER, Jo SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc.____ 10. Dete deceased last worked at 11. Total time (yeers) no this occupetion (month end spant in this that occupetion 66 instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stete or country) plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diegnosis?. MOTHER unbortant. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: in Accident, suicide, or homicide?. DEATH 16. BIRTHPLACE (city or town (Stete or country) Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Menner of injury CAUSE Nature of injury LION 24. Was diseese or injury in eny way related to occupation of deceased? . 4 19. UNDERTAKER (Address) If so, specify (Signed) (Address) _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	1	Example II	
	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	100 & 1405	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	10148 10	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUSPAU V. S.	July 5,1927	Peritonitis	3 days ago
L				
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County Garrett.	(3) CERTIFICATE OF DEATH
10 - 12 N A	Registration Dist. No. 169.
Village or City (No.	St: Ward) (If death occurred in a hospitel or institu-
2 FULL NAME Journson W, to	tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOROLOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 10 - 4
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
11-3-,1545	1935, to 1925, that I last saw har alive on 1923,
(Month) (Day) (Year) 7 AGE	and that death occurred on the date stated above, atm,
l dayhrs.	The CAUSE OF DEATH * was as follows:
b yrs. de. or min.?	I mixemations of frame
(a) Trade, profession or particular kind of work	my houte and
(b) General nature of industry	M
business, or establishment in which employed or (employer)	(Duration) mos ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Survey Tum Mal	(Defation) gray mos 4
FATHER TO STATE CA. BYVOLVENE	(Signed) M. D.
0 11 BIRTHPLACE	(192) (Address) 7
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vloient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER learnet we write	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
13 BIRTHPLACE OF MOTHER PROPERTY OF MOTHER	At place In the State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dee.h?
The Above is those to the Best of the Above is the Above	Former or usual residence.
(Informant) M. U., White	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Denta His	Wear Park Md. Cler Con 1935
15 Filed Weh 4. 1985 alliam askly	20 UNDERTAKER ADDRESS ADDRESS Friedeville mo
Regist	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
at treat a service and managed asserves a ready under any	

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

PERMANE BINDING

RESERVED FOR

MARGIN

TH UNFADING INK--THIS

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery;

Strtement of Cause of Death—Name, first, the DISERAGE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the editor for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhiold fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) or as probably such, if impossible to determine definitely. and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, cough; Committee on Chronic valvular heart disease; etc. The Nomenclature of the Always qualify all eontributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See instructions on back of certificate.

TION is very important.

N. B.-WRITE PL.

9	9	1.			
1	I	1	1	11	

1.	PLACE OF	- All			<u>(3)</u>	(191)
	County	Garrett			Registration Dist. No. 166	3
	Village or Ci	ity Mt. Lake	Park Ma	ryland.	No. St.,	Ward
	Length of resid	dence in city or town where	deeth occurred		(If death occurred in a horpital or institution, give its NAME instead of street and n osds. How long in U.S. if of foreign birth?	
2.	FULL NAM	WE William	Emory H	arrison		
	(a) Residence	ce: No. It. Is	ke Park	Md . f abode)	St., Ward. If nonresident give city or town and	State
	PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE		4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED INIANT	NED, WIDOWED. (write the word)	21. DATE OF DEATH October, 21,	193 5 (Year)
	f merried, widowe HUSBAND of Yor) WHE of	ed, or divorced canton & Sac	lie Harr	ison	22. I HEREBY CERTIFY, That I ettended d	teceased from
6. D	ATE OF BIRTH (month, dey, and year) Oc	t, 21, 1	935	l lest saw h alive on	
7. AC			Deys	If LESS than 1 day,hrs.	to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, Infant. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occupation (month and spent in this programme).					Still born, wrapped cord. Strangled	
DOCC	10. Dete deceese this occup	done, as SILK MILL, L, BANK, etcd I lest worked et Pation (month and		ne (yeers) t In this pation		
12. B	(State or coun			Md.	Other Coutributory Causes of importance:	
ER .	13. NAME	taonton Ha:	rrison			
	14. BIRTHPLACE (State or	(city or town) West	Va.		Name of operation Date of What test confirmed diagnosis? Wes there an au	lloney?
ER .	15. MAIDEN NAM	ME Sadie Roba	augh	1.0481	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (Stete or	(city or town)West	Va.		Accident, suicide, or homicide? Dete of injury Where did injury occur?	
	(Address)	anton Harri			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
18. B		on, or removal land, Md.		22- ,19 35	Menner of injury	
19. U	(Address)	ory Bolden akland, Ma.)	24. Wes disease or injury In any way related to occupetion of deceased?	
20. F	ILED 10- 2	22. 19 35 Ju	lia M	Registrar.	(Signed) Tynelywyf (Address) Sklant Tho	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis S A MY 2011	3 days ago
		GEST & VON	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
------------------------------	-------------------------

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. RD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PL.

V. S. No. 1

2. FULL NAME Length of reidence, in city or town where death occurred. If the death occarred in a hope to training are in NAME instead of street and number) (a) Residence: No. Calland Character (Unablished of shoold St. Ward. 2. FULL NAME PERSONAL AND STATISTICAL PARTICULARS (a) Residence: No. Calland Character (Unablished of shoold St. Ward. FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR BYTOKED (Winter the west) 3. Il marries, windowed, or divorced (a) In marries, windowed, or divorced (b) OR BYTOKED (winter the west) 3. In marries, windowed, or divorced (c) Wilfe of James St. Ward. 3. DATE OF BIRTH (month, day, and year) 7. AGE Vears Month Country 1. In Fire protession, or particular Not of word done as SINMER, James and James (Particular Notes) 1. Date of word done as SINMER, James (Particular Notes) 1. Date of word done as SINMER, James (Particular Notes) 1. Date of word done as SINMER, James (Particular Notes) 1. Date of word done as SINMER, James (Particular Notes) 1. Date of country) 1. BIRTHPLACE (city or town) 1. SAM MILL BANK, rise. 1. SAM MILL BANK		STATE O	F MARY	LAND-	CERTIFICATE	OF DEA	ATH I	1071
Village or Gity. Darkland. No. 1	1.	PLACE OF DEATH			- O		, ,	
Length of residence in city or town where death occurred		County Garrell			13-60	Registration	Dist. No. 7	06
Length of residence in city or town where degth occurred. 2. FULL NAME (a) Residence: No. Called Control (Usual) the Control		2 1.1	el		No. 48 Gree	u	St.,	Ward
2. FULL NAME (a) Residence: No. O. a. Color or RACE PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR DIVORCED (critter the wayed) OR DIVORCED (critter the wayed) A. L. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended decessed from (or) WHE of Particular Shind of work dome as SPINNER, Augustuff or		Length of residence in city or town where d	leath occurred 9					
(a) Residence: No. O. C.	2	FILL NAME MARUE	Pinale Th	(Par) 7	1. 5- :00			
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE OR DIVORCED ("wint the ward) S. SIMILE, MARKED, WIDOWED, OR DIVORCED ("wint the ward) S. If married, widowed, or divorced HUSAND (Day) HUSAND HUSAND J. S. HI HERS then J. S. Mindler Manh, day, and year) J. DATE OF BIRTH ("month, day, and year) J. Date of one of the date stated above, at the same of the year as follows. J. HIESS then J. day, hirs of your business in which the same occupation. J. Date of one occupation (month end year) J. Date of one occupation (month end year) J. Date of one occupation. Other Contributory Cases of importance: What test confirmed diagnosis? Was there an autopsy? J. I. HERSHY CERT I FY. That I altended deceased from the prenching of the date stated above, at the same indeed of the date stated above, at the same indeed of the date stated above, at the same indeed of the prenching of		A . N.A	110-	C	St Ward			
3. SEX 4. COLOR OR RACE OR DIVORED Curie the synch OR DIVOR Curie the synch OR DIV		(a) residence. No. & Mary Mary	(Usual place of	abode)	St.,walu.	If nonresident	t give city or town ar	d State
Sa. If married, widowed, or divorced (Month) (Day) (Year) Sa. If married, widowed, or divorced (Month) (Day) (Year) FUSENDO (Month) (Day) (Year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. If the control of the date stated above, at the control of the control of the date stated above, at the control of the control of t			CAL PARTIC	ULARS	MEDICAL C	ERTIFICATE	E OF DEATH	
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HUSBAND of (cr) WIFE of J. P. J. 18		married widowed or divorced	Wido	ned		(Month)	(Day)	
TAGE Years Months Days If LESS than 1 day		HUSBAND of	le Dece	ased	22. SIHEREB	CERTIF		d deceased from
TAGE Years Months Days If LESS than 1 day	6 D/	ATE OF RIPTH (month day and year)	7.00- 15.	1857	1 last saw h elive on	Och 4	L 193	death is said
8. Trade, profession, or particular Rind of work done as SPINNER, Accepted Rind of work work done as SPINNER, Accepted Rind of work work done as SPINNER, Accepted Rind of			1	If LESS than		ed above, at	- Pm.	as , death is said
Name of operation. SawYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 11. Total time (years) spent in this occupation (month end year) Spent in this occupation (month end year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (State or country) 18. BURIAL, CHEMATION, OR REMOVEL Place Address) Date Of: What test confirmed diagnosis? Was there an autopay? 23. It death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) M. D. (Address)	7	8 7	21		The PRINCIPAL CAUSE OF DEA	TH and related caus	ses of Importance	Data of open
12. BIRTHPLACE (city or town). It auch County War. (State or country) 13. NAME Michael Le 14. BIRTHPLACE (city or town). It auch County Wille. (State or country) 15. MAIDEN NAME Cliga Raffer 16. BIRTHPLACE (city or town). It auch County Wille. (State or country) 17. INFORMANT May Wright Thay County War. (Address) Call and Cal	NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Lusern	'e .	Geome M	Gran box	lascen	
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(State or country) 13. NAME Michigan Let 14. BIRTHPLACE (city or town) Grank Country USUR: (State or country) 15. MAIDEN NAME Ling Lagran 16. BIRTHPLACE (city or town) Grank Country USUR: (What test confirmed diagnosis? Was there an autopsy? 16. BIRTHPLACE (city or town) Grank Country USUR: (Accident, suicide, or homicide? Date of injury. 19. (State or country) 17. INFORMANT Mas Wright Thay and State) 18. BURIAL, CREMATION, OR REMOVAL Place Usure State or country Date Of the property of the proper	12 9	IDTUDI ACE (city or town) & Mr. Acek	Courty	11.110	Other Contributory Causes of imp	ortance:		7,1
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Place (city or town) Crack Country (State or country) 16. BIRTHPLACE (city or town) Crack Country (State or country) 17. INFORMANT May Wright Phayer (Address) Cake Country (Specify city or town, county and State) 18. BURIAL, GREMATTON, OR REMOVAL Place Charles and Country Country and State) 19. UNDERTAKER Carry Bolley (Address) Cake Country Count	12. D		a grog	<i></i>				
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Place (city or town) Crack Country Where did injury occur? 16. BIRTHPLACE (city or town) Crack Country Where did injury occur? 17. INFORMANT May Wright Thay Crack Country Accident, suicide, or homicide? Date of injury occur? 18. BURIAL, GREMATTON, OR REMOVAL Place Charles of the Country Accident in INDUSTRY, in HOME, or In PUBLIC PLACE. 19. UNDERTAKER CARRY BOLLES OF THE OF	H	A BIRTHPLACE (city or town)	el Cours	Lullia.	Name of operation		Dete of	
15. MAIDEN NAME Fliga Carper 16. BIRTHPLACE (city or town) Grand County Where did injury occur? 17. INFORMANT May Wright Thank May and State) 18. BURIAL, CREMATION, OR REMOVAL Place The Carper Date Of Ch. 9. 1935 19. UNDERTAKER Carry Bolley (Address) Oakland Carper Carp	F.			y consi.				
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17. INFORMANT AND MALES (Address) Cakland Manuface 18. BURIAL, CREMATION, OR REMOVAL Place And Control of Company 19. UNDERTAKER Carry Bolley (Address) Cakland Manuface 20. FILEO Solid Manuface Registrar. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. Registrar.	Σ		- 0	7				
18. BURIAL, CREMATION, OR REMOVAL Place Upus decreased. Date act. 9	17. 17		Thayer	1	Specify whether injury occurred i	(Specify city or n INDUSTRY, in HO	rtown, county and St DME, or In PUBLIC P	ate) LACE.
Place Unders Date UCV: 7 1935 19. UNDERTAKER Envery Bolley (Address) Oakland manufaced 20. FILEO S 1934 Ula Courant Registrar. Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Address) (Address) (Address)	18. B		A	2	Manner of injury			4
(Address) Oakland Manhaul If so, specify 20. FILEO S , 19 Fulia Coward (Signed) Registrar. (Address) Oacland M. D.		Place Thuderson	Date CCV . 9	1935				
20. FILEO O - 8 , 193 fillia Marvar (Signed) (Address) (Address) M. D.	19. U		ldeg	2		yay related to occup	pation of deceased?	
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST.	CATEMENTS BY	PHYSICIAN
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certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

AGE should be

11072 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Garett	Registration Dist. No. 166
Village or City Crellin, Ma. (If Length of residence in city or town where death occurred 5 yrs mos.	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Philip Lewis (a) Residence: No. Crellin Md.	St. Ward
(a) Residence: No. Crellin, Md. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE W. 5. SINGLE, MARRIED, Widowed, OR DIVORCED (write the word) WAREWEE	21. DATE OF DEATH Oct. 24 1935 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora A. Lewis	22. Sept 21" 1935, to Oct 24" 1932
6. DATE OF BIRTH (month, day, and year) Feb. 28 1866	I last saw h _ alive on _ Sept 19 . 2 ; death is said
7. AGE Years Months 0ays If LESS than 1 day,hrs. 0rmin.	to have occurred on the date stated above, at 5:30 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Hade profession, or particular, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BfRTHPLACE (city or town) Garett Co. Md. (State or country) 13. NAME Jonathan Lewis 14. BirTHPLACE (city or town)	Ontario selucial and evelval hemorrhage Other Contributory Causes of importance:
(State of country)	Name of operation Date of Was there an autopsy?
15. MAIOEN NAME Susanna Lewis 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT HOWard Dawson (Address) Crellin Md.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Texas, W.VA. oate Oct. 27, 19 35	Manner of injury
19. UNOERTAKER A.F. Collins (Address) Terra Alta W.Va. 20. FILEDOLT 26, 1935 Julian Rowan Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) / W. M. O. (Address) Oulland Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	OF MARYLAND	CERTIFICATE OF DEATH
County Barrett		Registration Dist. No.
Village or City Vinde		No. St., Ward
Length of residence in city or town when		sds. How long in it S. if of foreign birth?yrsmosds.
2. FULL NAME Super	ta magaret	St. Ward.
(a) nesidefice. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Gerrale 4. COLOR OR RACE Phints	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Germul &	oge Stenore	22. I HEREBY CERTIFY, Thet I attended deceased from 1930, to Feb. 1935
6. DATE OF BIRTH (month, day, and year)	Tept 16 1862	l Yest saw h ev alive on Fes 3, 1935; death is sald
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	THE PRINCIPAL CAUSE OF DEATH and fedded causes of importance
8. Trade, profession, or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	tanse for	Chronic Mphulis 1930
9. Industry or business in which work was done, as SILK MILL,		Hyperleukin 1936
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Mysicarditis 1984
12. BIRTHPLACE (city or town)	rett co	Other Contributory Canses of importance:
(Stete or country)	Harried	Leule thisauly
13. NAME ON B	enell do	Neme of operation No Date of Date of
(State of country)	sma	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME	e Jaskar	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	and	Accident, suicide, or homicide?Date of injury
17. INFORMANT SALES	Stark o	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date BCZ /8 ,1988	Menner of injury Nature of injury
19. UNDERTAKER B 753	Sparpless	24. Was disease or Injury in any way releted to occupation of deceesed?
20. FILED Oct 10 ,1935 (I & Barrel	(Signed) A. K. Fidler M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

tD. Every item of infor-

IS A PERMANENT RE

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FOR BINDING

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		C A A A A A A A A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED

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W/	PERMANENT RECORD. Every item of infor-	d EXACTLY. PHYSICIANS should state	erly classified. Exact statement of OCCUPA-	
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Garrett Registration Dist. No. Village or City Mountain Lake Park (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred 19 yrs mos. ds. How long in U, S. If of foreign birth? yrs. mos. ds. 2. FULL NAME Mary Stewart White (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED. 21. DATE OF DEATH OR DIVORCED (write the word) October 29. Female white Widowed 5a. If merried, widowed, or divorced HUSBAND of Charles Scott White HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. and year) December 1869 to have occurred on the date stated above, at 10:50m.P. 7. AGE Months Days If LESS than state prope 1 day,- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 65 10 18 or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Housewife may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 1D. Date deceased last worked at this occupation (month and 4 spent in this 18 instructions UNFADING 12. BIRTHPLACE (city or town) ___. (State or country) plain terms. 13. NAME William Stewart See Baltimore. Name of operation... 14. BIRTHPLACE (city or town) (State or country) Maryland efully What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME Margaret McFadden important. 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: in 16. BIRTHPLACE (city or town) Baltimore. Accident, suicide, or homicide?_____ Date of Injury_____ 19_ DEATH (State or country) Where did Injury occur?.... (Specify city or town, county and State)

18. BURIAL ZÉRÉNIAYI DINKOR ZERROVALX Manner of injury Place Pleasant Valley Date Oct. 31. 1936 Nature of injury Herbert C. Leighton 24. Was disease or injury in any way related to occupation of deceased?_____ 19. UNDERTAKER _ Mountain Lake Park (Address) If so, specify acul Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Delbert Bittinger

(Address) Mountain Lake Park.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis any 9	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURE		,	
Other contributory causes of importance:	-10-1-	Other contributory causes of importance:	1151111
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN